

Enrollment Record-Government 401(k)

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583



Group No:	150005			Social Security No:	
Employer:	Placer County			Dept/ Location:	
Employee Name: (Last, First, M.I.)					
Mailing Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Date of Birth:	

A. CONTRIBUTIONS

	\$ Amount	Frequency*	Annual Contribution	Total
Employee	\$	X	=	
Employer	\$	X	=	
Current Annual Salary	\$			

* Frequency

Monthly	=	12
Bi-Weekly	=	26
Semi-Monthly	=	24
Weekly	=	52
Other:		

B. BENEFICIARY I designate the following person(s) as my beneficiary(ies) under the Plan. See page 2 for examples.

Primary Beneficiary Name	Relationship	%
Contingent Beneficiary Name	Relationship	%

C. SIGNATURES

I understand that all values provided by the group contract, when based on investment experience of the investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount.

I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2 of this form.

Signed in the state of _____ on Date _____

Participant Signature

Plan Sponsor Signature

D. INVESTMENT ELECTION

I elect to have my **future** contributions invested as follows.

**SELECTIONS MUST BE IN WHOLE PERCENTAGES
TOTALING 100%**

% (UN)	American Beacon Small Cap Value
% (L9)	Am Cent Strat Allocation: Aggressive
% (L7)	Am Cent Strat Alloc: Conservative
% (L8)	Am Cent Strat Alloc: Moderate
% (UJ)	Artisan Mid Cap Value
% (J7)	Baron Small Cap
% (1N)	Calvert Social Balanced
% (9P)	Davis New York Venture
% (DF)	Goldman Sachs Growth Opps
% (1J)	Hartford Capital Appreciation HLS
% (1C)	Hartford Dividend and Growth HLS
% (RM)	Hartford International Capl App HLS
% (1M)	Hartford International Opps. HLS
% (1D)	Hartford Mortgage Securities HLS
% (1B)	Hartford Total Return Bond HLS
% (N2)	Hotchkis & Wiley Large Cap Value
% (9E)	MFS International New Discovery
% (UG)	Oakmark Equity & Income
% (2T)	Putnam High Yield Advantage
% (RJ)	SSgA Russell 2000 Index
% (RG)	SSgA S&P 500 Flagship
% (RH)	SSgA S&P Midcap Index
% (N6)	Templeton Growth
% (8W)	Van Kampen Equity and Income
% (GX)	Western Asset Core Bond Portfolio
%	General (Declared Rate) Account
100%	

E. REPRESENTATIVE SIGNATURE

Registered Representative Signature

Printed Name of Registered Representative

Writing Agent Producer Code

Writing Agent Tax ID

Firm Name/ Firm Tax ID

Beneficiary Designation

Please complete the Beneficiary Designation **including** name, Social Security number, relationship, and percentage of death benefit (totaling 100%). Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

One Beneficiary

Examples of Designations:

Jane Doe, wife, 100%

Two or more Primary Beneficiaries,
equally among the survivors

John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
or equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
per stirpes

Primary and Contingent Beneficiaries

Primary: Jane Doe, wife, 100% if living;
Contingent: John Doe, son, 33%
Carol Smith, daughter, 33%
Mark Doe, son 34%
equally among the survivors
per stirpes

***either
or***

Participant's Estate

Participant's Estate

Trustee

Jane Doe, trustee under trust
agreement* dated...

* *Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.*

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

New Jersey

"Any person who includes any false or misleading information on an application for an insurance policy, is subject to criminal and civil penalties."

New Mexico

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Oregon

"Any person who knowingly, and with INTENT TO DEFRAUD or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000."

Tennessee

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."